



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 21, 2014

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of MG Enterprises LLC, DBA The Alley, 1031 M Street, requesting a class C liquor license. This location previously held a class C liquor license.

Matthew Moore, the president of MG Enterprises LLC, has requested that he be approved as the manager of the liquor license.

He has not completed the required management training. He is registered for the training on November 13, 2014.

The following areas of concern were discovered during the background investigation and interview:

Investigator Schafer revealed that Matthew had not fully disclosed all of his criminal/traffic convictions.

Mr. Moore did disclose the following convictions:

DRIVING UNDER INFLUENCE/.08, FIRST OFFENSE  
Disposition: 01-27-2010, FOUND GUILTY, Fined \$400.00

Mr. Moore did not disclose the following convictions:

HAVE OPEN ALCOHOL CONTAINER  
Disposition: 04-27-2011, FOUND GUILTY, Fined \$50.00

MAINTAIN DISORDERLY HOUSE  
Disposition: 03-18-2010, FOUND GUILTY, Fined \$250.00



A nationally accredited law enforcement agency



MAKE FALSE STATEMENT TO POLICE OFFICER

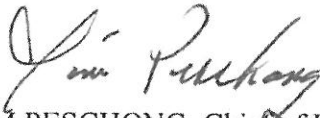
Disposition: 03-18-2010, FOUND GUILTY, Fined \$150.00

VIOLATE SPEED LIMIT 11 - 15 OVER, 10.14.250

Disposition: 02-07-2008, FOUND GUILTY, Fined \$75.00

Mr. Moore was advised to file an amendment to his liquor license application with the Nebraska Liquor Control Commission that would include a full disclosure of his convictions.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in cursive script, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police

# APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR CONTROL COMMISSION		
QA	Repl. 066319	
C	110055	RS

Applicant name Matthew Gregory Moore

Trade name The Alley

Previous trade name The Alley

Contact email address mqmbigbro@aol.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

## REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure

☐ 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

Office use only	
PAYMENT TYPE	<u>CK 8830</u>
AMOUNT:	<u>\$400.00</u>
RECEIPT #	<u>168134</u>
Received:	<u>mm</u>

 1400022185
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✓ 3) Enclose the appropriate application forms:

Individual license (requires insert form 1- form number 104)

Partnership license (requires insert form 2- form number 105)

Corporate license (requires insert form 3a & 3c- form number 101 and 103)

Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

✓ 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).

N/A 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

✓ 6. If buying the business of a current liquor license holder:

a) Provide a copy of the purchase agreement from the seller (must read applicants name).

b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)

c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).

✓ 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

✓ 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper

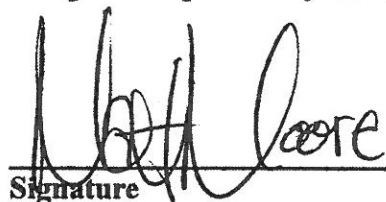
For residency enclose proof of registered voter in Nebraska

See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

✓ 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.

✓ 11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

  
Signature

9.22.14  
Date

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR TEMPORARY  
OPERATING PERMIT (TOP)**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814

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- ☐ Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- ☐ Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- ☐ TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- ☐ Seller's liquor license will terminate upon issuance of the TOP.
- ☐ If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

Alley, Inc

SELLER'S LICENSE #:

064319

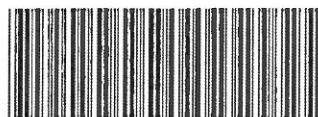
On (date) 9/20/14 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

The Alley

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.



1400022187

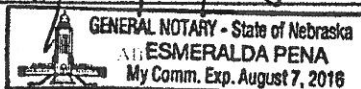
7  
Signature of **SELLER**  
Kandace Brown

Kandace Brown  
Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me  
this Sept 19, 2014 (date)  
by Kandace Brown  
Name(s) of Person(s) Acknowledged (individual(s) signing document)

Notary Public signature



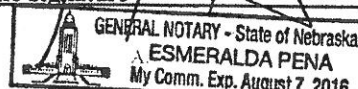
Signature of **BUYER**  
Matthew Moore

Matthew Moore  
Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me  
this Sept. 19, 2014 (date)  
by Matthew Moore  
Name(s) of Person(s) Acknowledged (individual(s) signing document)

Notary Public signature



ADMINISTRATIVE REVIEW - Office use only	
Date: <u>9/25/14</u>	Rep: <u>RS 1</u> - Lic. Class: <u>C</u> - Lic. # <u>110055</u>
<input checked="" type="checkbox"/> Approved <u>mm</u>	<input type="checkbox"/> Denied _____
Reason for Denial: _____	

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NEBRASKA LIQUOR  
CONTROL COMMISSION

# Temporary Operating Permit

Nebraska Liquor Control Commission

**14 -055**

**Class C**

**Issued: 10/06/2014 – Expires: 01/05/2015**

**MG ENTERPRISES LLC**

**DBA: THE ALLEY, 1031 M STREET, LINCOLN NE**

**Description: ONE STORY IRREGULAR SHAPED BUILDING 50'X 116'INCLUDING IRREGULAR  
SHAPED BEER GARDEN 51'X 44'TO THE NORTH**



---

**Hobert B Rupe - Executive Director  
Nebraska Liquor Control Commission  
301 Centennial Mall South, 5<sup>th</sup> Floor  
Lincoln, NE 68509  
(402) 471 - 2571**

**\* NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED\***



**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

**Submit \$400 Non Refundable Application Fee**

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☐ Class K Catering license (requires catering application form 106) \$100.00

**Additional fees will be assessed at city/village or county level when license is issued**

**LICENSE YEAR**

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING  
(CHECK ONLY ONE)**

- ☐ Individual License (requires insert form 1- form number 104)
- ☐ Partnership License (requires insert form 2- form number 105)
- ☐ Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- ☒ Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

**Commission will call this person with any questions we may have on this application**

Name

*Courtney Jells*

Phone number:

*402-998-5288*

Firm Name

*The Firm Business Brokerage*



**PREMISE INFORMATION****RECEIVED**Trade Name (doing business as) The AlleyStreet Address #1 1031 "M" Street

SEP 24 2014

Street Address #2 \_\_\_\_\_

City Lincoln

County \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSIONPremise Telephone number 402-477-2820Business e-mail address josh@thealleylincoln.com

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Same

Street Address #1 \_\_\_\_\_

Street Address #2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

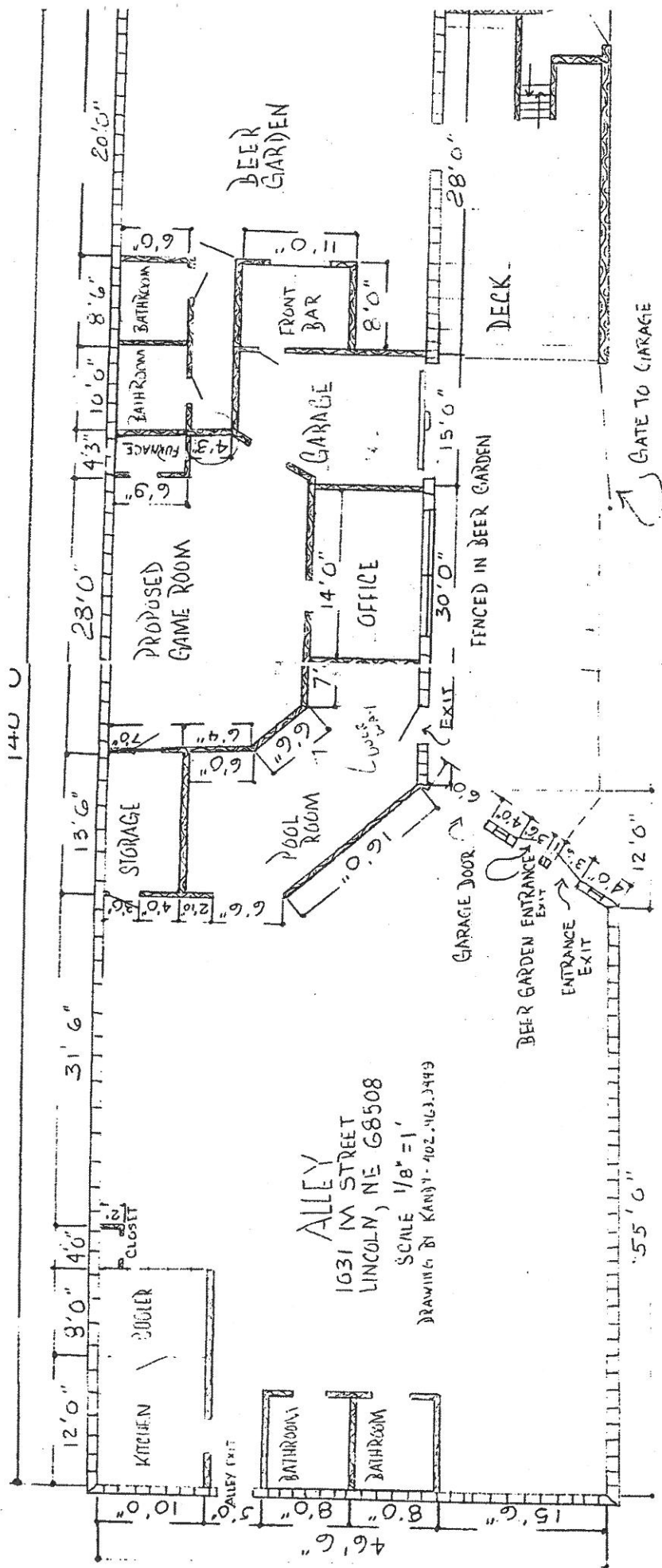
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. **No blue prints please.** Be sure to indicate the direction **north** and **number of floors** of the building.

**\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 50 x width 116 in feetIs there a basement to be licensed? Yes \_\_\_\_\_ No ☒ If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feetIs there an outdoor area? Yes ☒ No \_\_\_\_\_ If yes, length 51 x width 44 in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See attached Diagram



# **APPLICANT INFORMATION**

## **1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

☒ YES ☐ NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Matthew Moore	Jan 2009	Lincoln, NE	1st D.U.I.	probation for 6 months
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				SEP 24 2014
				NEBRASKA LIQUOR CONTROL COMMISSION

## **2. Are you buying the business of a current retail liquor license?**

☒ YES ☐ NO

If yes, give name of business and liquor license number

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

The Alley 066319

## **3. Was this premise licensed as liquor licensed business within the last two (2) years?**

☒ YES ☐ NO

If yes, give name and license number

The Alley 066319

## **4. Are you filing a temporary operating permit to operate during the application process?**

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (TOP) (form 125)

b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

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No silent partners

NEBRASKA LIQUOR  
CONTROL COMMISSION

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Matthew Moore - US BANK

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
N/A		NEBRASKA LIQUOR CONTROL COMMISSION

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Matthew Moore / helped Barback	4/7/12-present	Nebraska Club Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

☒  
☐  
☐

Lease: expiration date  
Deed  
Purchase Agreement

Sept 30, 19

14. When do you intend to open for business?

October 2014

15. What will be the main nature of business?

Bar

16. What are the anticipated hours of operation?

M-Fri 3-2am / Sat 5-2am Sunday Closed

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

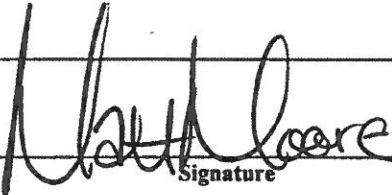

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Lincoln, NE		2001	present		

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

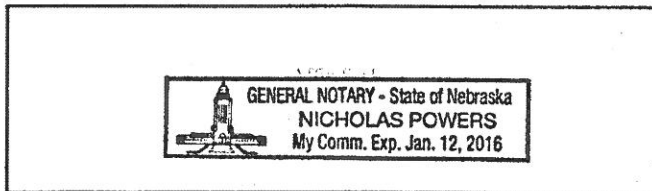
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

<div data-bbox="115 552 837 894"><div data-bbox="203 552 592 745"></div><div data-bbox="378 709 475 730">Signature</div><div data-bbox="154 772 435 846"></div><div data-bbox="415 835 535 856">Print Name</div></div>	<div data-bbox="854 611 1529 898"><div data-bbox="1149 653 1382 695">RECEIVED</div><div data-bbox="1089 709 1192 735">Signature</div><div data-bbox="1170 751 1349 789">SEP 24 2014</div><div data-bbox="1052 821 1442 905">NEBRASKA LIQUOR CONTROL COMMISSION</div><div data-bbox="1133 842 1247 863">Print Name</div></div>
<div data-bbox="115 915 837 1201"><div data-bbox="375 1010 578 1037">Signature of Spouse</div><div data-bbox="415 1142 535 1165">Print Name</div></div>	<div data-bbox="854 915 1529 1201"><div data-bbox="1089 1010 1292 1037">Signature of Spouse</div><div data-bbox="1130 1142 1250 1165">Print Name</div></div>

ACKNOWLEDGEMENT

State of Nebraska  
County of Lincoln  
9/22/14 date by Matt Moore name of person(s) acknowledged (individual(s) signing)  
Nicholas Powers  
Notary Public Signature





**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Matthew Moore

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

MG Enterprises, LLC 010197920

LLC Address: 1031 M Street

City: Lincoln State: NE Zip Code: 68503

LLC Phone Number: 402 430 7464 LLC Fax Number: N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Moore First Name: Matthew MI: G

Home Address: 3327 Mohawk Street City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402.430.7464

Matthew Moore

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of Longfellow

The foregoing instrument was acknowledged before me this

9/22/14

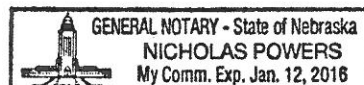
by Matt Moore

Date

name of person acknowledge

Nicholas Powers

Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Moore First Name: Matthew MI: G  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): N/A  
Spouse Social Security Number: N/A Date of Birth: N/A  
Percentage of member ownership 100%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: **RECEIVED**  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_ **SEP 24 2014**  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES

☒ NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

---

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: October Ending Date: September

---

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC:

MG Enterprises, LLC

**Premise information**

Liquor License Number:

(if new application leave blank)

Class Type

Premise Trade Name/DBA:

The Alley

Premise Street Address:

1031 M St.

City:

Lincoln

County:

Lancaster

Zip Code:

68508

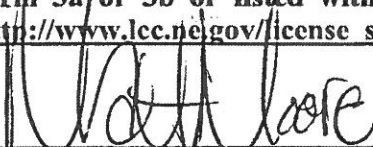
Premise Phone Number:

402.477.2820

Email address:

mgmbigbro@aol.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a/or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Maure First Name: Matthew MI: G

Home Address (include PO Box if applicable): 3327 Mohawk Street

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402.430.7464 Business Phone Number: 402.477.2820

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Oklahoma City, OK

Email address: mgmbigbro@aol.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

SEP 24 2014

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2001	Present			
Fort Collins, CO	1993	2001			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2014	Moore Pawn	Larry Moore	402.477.5116

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

SEP 24 2014

If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted ( City & State)	Description of Charge	Disposition
Matthew Moore	Jan 2009	Lincoln, NE	1st D.V.I.	completed probation for 6 months

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☐ YES ☒ NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO